

	HOLIDAY PROGRAMME REGISTRATION AND CONSENT FORM		
FIRST CHILD:			
FIRST NAME:			
SURNAME:			
AGE:		DATE OF BIRTH:	
SCHOOL:			
ANY SPECIAL CONSIDERATIONS REQUIRED? (I.E. MEDICATION)		YES	NO
Please specify:			
SECOND CHILD:			
FIRST NAME:			
SURNAME:			
AGE:			
SCHOOL:			
ANY SPECIAL CONSIDERATIONS REQUIRED? (I.E. MEDICATION)		YES	NO
Please specify:			
THIRD CHILD:			
FIRST NAME:			
SURNAME:			
AGE:			
SCHOOL:			
ANY SPECIAL CONSIDERATIONS REQUIRED? (I.E. MEDICATION)		YES	NO
Please specify:			
HOUSE HOLD DETAILS – PARENTS/CAREGIVERS NAME:			
ADDRESS:			
PHONE (H):		PHONE (M)	
EMAIL:			
How did you hear about this?			
I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED:			
YES		NO	
DOES YOUR CHILD BELONG TO A TENNIS CLUB?		YES	NO
PAYMENT ENCLOSED?		YES	NO
SIGNED (PARENTS/GUARDIAN):		CLUB: _____	

A copy of your signed registration/consent form must be received by Tennis Southland no later than Friday 2nd of October via either one of the contact details listed below:

Tennis Southland
PO Box 1772
Invercargill 9840

E) tracy@tennissouthland.co.nz
F) 03 2112251

Payments should be direct credited to:
Southland Tennis Association
12 3154 0095413 00 REF: Name of child

